This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEM	ENT OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:							
for Second	ary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>						
General instr	ems (Short Form) uctions are located o of this workbook	8/14/2023	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150						
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))							
	2023/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31							
l	2023	20231 Barcode Data Filing Period (optional - see instructions)								
Accounting Period										
В	Instructions: Give the full legal name of the owner of the subsidiary, not that of the parent cor		iary of another corporation, give the full cor	porate title of						
Owner	List any other name or names under which the owner conducts the business of the cable system.									
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.									
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.									
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
	Blue Valley Tele-Communications, Inc.									
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)									
	Blue Valley Technologies, Inc. MAILING ADDRESS OF OWNER OF CABLE SYSTEM									
	1559 Pony Express Hwy									
	(Number, street, rural route, apartment, or suite number) Home, KS 66438 (City, town, state, zip)									
С	INSTRUCTIONS: In line 1, give any busi									
System	names already appear in space B. In line	2, give the mailing address of the	e system, if different from the address	s given in space B.						
	MAILING ADDRESS OF CABLE SYSTE									
1	2									
	2 (Number, street, rural route, apartment, or suite (City, town, state, zip code)	number)								

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name Blue Valley Tele-Communications, Inc. 14 D Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: " separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, disc unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "f community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identi- city. First Community CITY OR TOWN STATE KS Axtell KS Palmer KS Palmer KS		LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGI							
D Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: " separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas) and including single, disc unincorporated areas)." 47 C.F.R. 76.5(dd). The first community on all future filings. Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identicity. First Community CITY OR TOWN STATE Roves as Necessary CITY OR TOWN STATE Roves as Necessary KS KS Roves as Necessary Washington KS Marysville KS KS Guity of KS Summerfield KS Marysville KS KS Marysv	Name									
B separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, disc unincorporated areas)." 47 C.F. R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Area Served CITY OR TOWN STATE First Community CITY OR TOWN STATE Community Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identification. KS First Community CITY OR TOWN STATE Rows as Necessary CITY OR TOWN KS Rows as Necessary CITY OR TOWN KS Rows as Necessary Hanover KS Marysville KS KS Generative KS KS Marysville KS KS										
Area Served city. City OR TOWN STATE Community CITY OR TOWN Community Axtell Community KS Community Linn Rovs as Necessary Washington KS KS Addet KS Antell KS Manover KS Margsville KS Margsville KS Margsville KS Margsville KS Margsville KS Margsville KS Centralia KS Centralia KS Onaga KS Wheaton KS	D	separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first								
Served CITY OR TOWN STATE First Axtell KS Community Linn KS IRows as Necessary Palmer KS IRows as Necessary Washington KS IRows as Necessary Mashington KS IRows as Necessary Mashington KS IRows as Necessary Marysville KS IRows as Necessary Hanover KS IRows as Necessary KS KS IRows as Necessary Hanover KS IRows as Necessary KS KS IRows as Necessary KS KS IRows as Necessary Hanover KS IRows as Necessary KS KS IRows as Necessary Hanover KS <			me parks should be reported in parentheses below the identif							
First Community Axtell KS Community Linn KS Palmer KS Palmer KS Washington KS Hanover KS Oketo KS Summerfield KS Marysville KS Beattie KS Home KS Frankfort KS Vermillion KS Waterville KS Onaga KS Wheaton KS	Served									
CommunityLinnKSPalmerKSIRows as NecessaryWashingtonIRows as NecessaryWashingtonKSKSOketoKSSummerfieldKSMarysvilleKSBeattieKSHomeKSFrankfortKSVermillionKSVermillionKSCentraliaKSOnagaKSWestmorelandKS		CITY OR TOWN								
Palmer KS Palmer KS Palmor KS Hanover KS Oketo KS Summerfield KS Marysville KS Beattie KS Home KS Frankfort KS Vermillion KS Waterville KS Onaga KS Wheaton KS Westmoreland KS		Axtell								
Rows as NecessaryWashingtonKSImage: Constraint of the system o	Community									
HanoverKSOketoKSSummerfieldKSMarysvilleKSBeattieKSHomeKSFrankfortKSVermillionKSWatervilleKSCentraliaKSOnagaKSWheatonKSWestmorelandKS		Palmer	KS							
OketoKSSummerfieldKSMarysvilleKSBeattieKSHomeKSFrankfortKSVermillionKSWatervilleKSCentraliaKSOnagaKSWheatonKSWestmorelandKS	l Rows as Necessary	Washington	KS							
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HomeKSFrankfortKSVermillionKSWatervilleKSCentraliaKSOnagaKSWheatonKSWestmorelandKS										
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WatervilleKSCentraliaKSOnagaKSWheatonKSWestmorelandKS										
CentraliaKSOnagaKSWheatonKSWestmorelandKS										
Onaga KS Wheaton KS Westmoreland KS										
Wheaton KS Westmoreland KS										
Westmoreland KS										
		Diue Rapius	N							

	LEGAL NAME OF OWNER OF CA								2E. PAGE	
Name	Blue Valley Tele-Communications, Inc.							010	153	
Е	SECONDARY TRANSMISSION In General: The information in sp					transmissions	ervice of the	e cable		
—	system, that is, the retransmission			-						
Secondary	about other services (including pa									
Transmission	last day of the accounting period									
Service: Sub-	Number of Subscribers: Both	•								
scribers and Rates	down by categories of secondary each category by counting the nu			•	•					
Rates	separately for the particular servi							inargeu		
	Rate: Give the standard rate cl							e and the		
	unit in which it is generally billed.	• •	'		y standaro	I rate variations	s within a pa	rticular rate		
	category, but do not include disc				f			that askis		
	Block 1: In the left-hand block systems most commonly provide	•		•						
	that applies to your system. Note							0,		
	categories, that person or entity			-		-				
	subscriber who pays extra for cal	ble service to ac	dditiona	al sets would be	included	in the count un	der "Service	e to the		
	first set" and would be counted o									
	Block 2: If your cable system h printed in block 1 (for example, ti									
	with the number of subscribers a									
	sufficient.		ingin in			nord decempt				
	BLC	DCK 1					BLOCK			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE	
	Residential:						-			
	Service to first set	1	,951	20.00	Additio	nal HD Sets		1,046	7.0	
	 Service to additional set(s) 				Addititi	onal HD DV	R	943	10.0	
	• FM radio (if separate rate)				DTA			1,507	3.9	
	Motel, hotel		78	19.05				·····		
	Commercial		272	15.74-37.74						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SECO		SMISS	SIONS: RATES						
F	In General: Space F calls for rate	e (not subscribe	er) infor	mation with res	pect to all	your cable sys	tem's servic	es that were		
Г		not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services								
Services	furnished at cost or (2) services of	•			-		0 ()			
Other Than	amount of the charge and the un									
Secondary	enter only the letters "PP" in the	rate column.	•	-		-				
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.									
	CATEGORY OF SERVICE	BLOC RATE		ORY OF SER		RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE	
	Continuing Services:			ation: Non-resi		TUTE	0/(TEOC			
	• Pay cable		• Mo	tel, hotel			нво		14.9	
	Pay cable—add'l channel			nmercial				IME/TMC	15.9	
	Fire protection			/ cable			CINEMA		12.9	
	•Burglar protection		-	/ cable-add'l ch	annel			ENCORE	12.9	
	Installation: Residential			protection					51.9	
	• First set			glar protection			BASIC		92.9	
	Additional set(s)			services:						
	• FM radio (if separate rate)			connect						
	Converter	••••••		connect						
				tlet relocation						
			Ju							
			• Mo	ve to new addre	ess					

2023/1			FORM SA1-2E. PAGE					
LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM II					
Blue Valley Tele-Con	nmunications, Inc.		153					
In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station he station was carried <i>only</i> or • List the station here, and	PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis.							
Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location	on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the-a- the form. NRC is channel 4 in Washington, D.C. th case whether the station is a network sta- ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th	gram services such as HBO, ES air designation. For example, rep ation, an independent station, or r network multicast), "I" (for indep "E-M" (for noncommercial educa ions in the paper SA1-2 form. the community to which the station	SPN, etc. Identify each bort multistream in the air in its community a noncommercial bendent), "I-M" tional multicast). n is licensed by the					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
KSNT	27	Ν	Topeka, KS					
KSNT-DT2	27.2	N-M	Topeka, KS					
ктка	49	N	Topeka, KS					
KTKA-DT2	49.2	I-M	Topeka, KS					
KOLN	10	Ν	LINCOLN, NE					
ĸtwu	11	Е	Topeka, KS					
KTKA-DT3	49.3	I-M	Topeka, KS					
KUON	12	Е	LINCOLN, NE					
KUON-DT2	12.2	E-M	LINCOLN, NE					
KUON-DT3	12.3	E-M	LINCOLN, NE					
KTWU-DT3	11.3	E-M	Topeka, KS					
WIBW	13	N	Topeka, KS					
WIBW-DT2	13.2	I-M	Topeka, KS					
WIBW-DT5	13.5	I-M	Topeka, KS					
KSNT-DT4	27.4	I-M	Topeka, KS					
	LEGAL NAME OF OWNER C Blue Valley Tele-Com PRIMARY TRANSMITTERS: In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do not list the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in each educational station, by ent (for independent multicast) For the meaning of these the Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN KSNT KSNT-DT2 KTKA KTKA-DT2 KUON-DT2 KUON-DT3 KTWU-DT3 WIBW WIBW-DT2	LEGAL NAME OF OWNER OF CABLE SYSTEM: Blue Valley Tele-Communications, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including tracarried by your cable system during the accounting period, except (* FCC rules and regulations in effect on June 24, 1981, permitting the 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e) substitute Basis Stations: With respect to any distant stations carribasis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> list the station here in space G—but do list it in space I (the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried I basis. For further information concerning substitute basis stations, sc Column 1: List each station's call sign. <i>Do not</i> report origination promulticast stream associated with a station according to its over-the-atternet. Column 2: Give the channel number the FCC assigned to the televior of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network stee educational station, by entering the letter "N" (for network), "N-M" (for (for independent multicast), "E" (for noncommercial educational), or For the meaning of these terms, see page (v) of the general instruct Column 4: Give the location of each station. For U.S. stations, list th FCC. For Mexican or Canadian stations, if any, give the name of the education of each station is a network state of the	LEGAL NAME OF OWNER OF CABLE SYSTEM: Blue Valley Tele-Communications, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power to carried by your cable system during the accounting period, except (1) stations carried only on a part FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network prog 76.59(0)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4)); and (2) certain stations carried by your cable system on a substitute parsar system in effect on June 24, 1981, peace 1 (the Special Statement and Program substitute basis stations: With respect to any distant stations carried by your cable system on a substitute basis under specific FCC rules, regulations, or authorizations: • 10 or not list the station here in space G —but do list it in space 1 (the Special Statement and Program station was carried only on a substitute basis station, see page (V) of the general instruct Column 1: List each station's call sign. Do not report origination program services such as HBO, ES multicast braver she station here in formation concerning substitute basis station, see page (V) of the general instruct Column 2: Give the channel number the FCC assigned to the television station for broadcasting over of itcense. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or educational station, by retring the letter 'N' (for nework), 'T'''' (for noncommercial educational), or "E-M" (for noncommercial education is in the paper SA1-2 form. Column 4: Give the location of each stations. For U.S. attons, list the community with which the statid FCC. For Mexican or Canadian stations, if a					

Accounting P							FORM	/I SA1-2E. PAGE 4.
LEGAL NAME OF								SYSTEM ID#
Blue valley	Tele-Comm	iunicat	ions, inc.					1538
 PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. 							H Primary Transmitters: Radio	
For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	ormation abou rm. dentify the call tate whether t the radio stat this by placing Sive the statior	t the Co sign of e he statio ion's sigr g a check n's locatio	pyright Office regulations on the each station carried. In is AM or FM. That was electronically processes of mark in the "S/D" column. The community to which the the community with which the	his point, see pag ed by the cable s e station is licens	ge (v) of the ge ystem as a se ed by the FCC	eneral in parate a	structions in the. nd discrete	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				 				

Accounting Perio	d: 2023/1					FO	RM SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#		
Name	Blue Valley Tele-Comm	nunicatio	ns, Inc.				1538		
Substitute Carriage:	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on a <i>substitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and Program Log	During the accounting per broadcast by a distant stat Note: If your answer is "No"	iod, did you tion?	r cable system	carry, on a substitute bas		YES	× NO		
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in								
	effect on October 19, 1976.		TE PROGRAM			N SUBSTITUTE	7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION		
						_			
						_			
						_			
						_			
						_			

Accounting Period:	2023/1	FORM SA1-2E. PAGE 6.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	Blue Valley Tele-Communications, Inc.	1538						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this an page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service						
	COPYRIGHT ROYALTY FEE							
L Copyright Royalty Fee	 Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	63,800						
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00	is six-month						
	Line 1. Royalty fee for accounting period							
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00						
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10))						
	1. Base amount under statutory formula							
	2. Enter amount of gross receipts from space K							
	3. Subtract line 2 from line 1							
	4. Enter the amount of gross receipts from space K							
	5. Enter the amount from line 3							
	6. Subtract line 5 from line 4							
	7. Multiply line 6 by .005 (enter figure here)							
	- 8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00						
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)							
		,						
	1. Enter the amount of gross receipts from space K \$ 401,342.58							
	2. Base amount under statutory formula							
	3. Subtract line 2 from line 1							
	4. Multiply line 3 by .01	1,375.43						
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00						
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00						
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 \$ 2,694.43							
	FILING FEE AND TOTAL REMITTANCE DUE							
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	2,694.43						
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00						
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 2,714.43						
	EFT Trace # or TRANSACTION ID #							
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo							

Accounting Period:	2023/1	FORM SA1-2E. PAGE 7				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Blue Valley Tele-Communications, Inc.	SYSTEM ID 1538				
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations 200+					
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS N we can contact about this statement of account.)	EEDED (Identify an individual to whom				
for Further Information	Name Bruce Beard, Cinnamon Mueller	Telephone 314-462-9000				
	Address 1714 Deer Track Trail, Suite 230 (Number, street, rural route, apartment, or suite number) St. Louis, MO 63131 (City, town, state, zip)					
	Email bbeard@cinnamonmueller.com	Fax (optional				
	CERTIFICATION (This statement of account must be certified and signed	in accordance with Copyright Office regulations)				
O Certification	I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the box (Owner other than corporation or partnership) I am the owner					
	in line 1 of space B and that the owner is not a corporation	the duly authorized agent of the owner of the cable system as identified or partnership; or · (if a partnership) of the legal entity identified as owner of the cable system				
	 in line 1 of space B. I have examined the statement of account and hereby declare under penal are true, complete, and correct to the best of my knowledge, information, a [18 U.S.C., Section 1001(1986)] 	y of law that all statements of fact contained herein				
		Smith re on the line above to certify this statement. s/ signature" (e.g., /s/ John Smith)				
	Typed or printed name: John P Sm	ith				
	Title: COO (Title of official position held in cor	poration or partnership)				
	Date:	August 14, 2023				

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

ccounting Period: 2023/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
lue Valley Tele-Communications, Inc.	1538
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below.	
Name Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ -	
 (interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i>. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. 	
Owner Address ID number First community served Accounting period	

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